

Receipt

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Inventor Application of: Van Luchene et al.

Customer No.: 22927

METHOD AND APPARATUS FOR  
CONDITIONAL PAYMENT TO A  
SELLER

Examiner: Not Yet Assigned

Serial No.: 09/536,791

Group Art Unit: 2876

Filing Date: March 28, 2000

Docket No.: 99-086

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

TRANSMITTAL LETTER

Applicants hereby submit the following documents for the above-identified patent application:

1. Request for Corrected Filing Receipt;
2. Red-lined Copy of Official Filing Receipt; and
3. Postcard.

The Assistant Commissioner is hereby authorized to charge the associated fee in the amount of \$25.00 to Deposit Account No. 50-0271. Order No. 99-086. The Commissioner is further authorized to charge any additional fees which may be required for the submission of this paper, or to credit any overpayment, to Deposit Account No. 50-0271. Order No. 99-086. A duplicate copy of this authorization is attached for such purpose.

June 13, 2000  
Date

Respectfully submitted,

Kurt M. Maschoff  
Attorney for Applicants  
PTO Reg. No. 38,235  
Walker Digital Corporation  
Five High Ridge Park  
Stamford, CT 06905

Certificate of Mailing

I hereby certify that this correspondence is being sent via U.S. Postal Mail in an envelope with sufficient postage addressed to Assistant Commissioner for Patents, Washington, D.C. 20231 Attn.: Office of Initial Patent Examination, Customer Service Center on June 13, 2000.

Margaret N. Kaswer  
Typed Name of Person Making Deposit

Signature Date 6/13/00

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Van Luchene et al.

Customer No.: 22927

For: METHOD AND APPARATUS  
FOR CONDITIONAL PAYMENT  
TO A SELLER

Examiner: Not Yet Assigned

Serial No.: 09/528,043

Group Art Unit: 3711

Filing Date: March 17, 2000

Docket No.: 99-086

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

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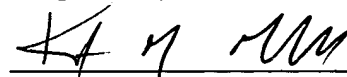
REQUEST FOR CORRECTED FILING RECEIPT

Applicants respectfully request that the filing receipt for the above-identified patent application be corrected to reflect the address of the second inventor as ADAM STEVENSON, SOLANA BEACH, CA.

The requested change has been indicated in red on the enclosed copy of the official Filing Receipt. Please issue a corrected Filing Receipt in due course.

The Assistant Commissioner is hereby authorized to charge the associated fee in the amount of \$25.00 to Deposit Account No. 50-0271. Order No. 99-086. The Commissioner is further authorized to charge any additional fees which may be required for the submission of this paper, or to credit any overpayment, to Deposit Account No. 50-0271. Order No. 99-086. A duplicate copy of this authorization is attached for such purpose.

Respectfully submitted,



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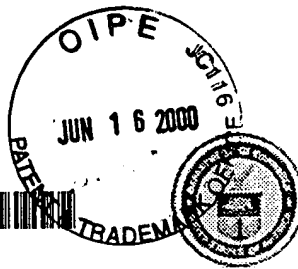
June 13, 2000  
Date



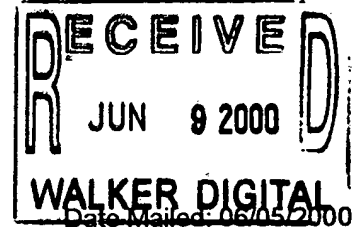
## FILING RECEIPT



\*OC000000005157146\*

UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark OfficeAddress: ASSISTANT SECRETARY AND  
COMMISSIONER OF PATENT AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/536,791	03/28/2000	2876	924	99-086	7	20	6

22927  
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STAMFORD, CT 06905

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

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Adam Stevenson, Solana Beach, CA;  
Magdalena Mik, Greenwich, CT;  
Russell Pratt Sammon, Stamford, CT;

Solana

## Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/168,370 12/01/1999

## Foreign Applications

If Required, Foreign Filing License Granted 06/05/2000

## Title

Method and apparatus for conditional payment to a seller

## Preliminary Class

235

Data entry by : GARNETT, SANDRA

Team : OIPE

Date: 06/05/2000



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Bib Data Sheet

**UNITED STATES DEPARTMENT OF  
COMMERCE  
Patent and Trademark Office**Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

<b>SERIAL NUMBER</b> 09/536,791	<b>FILING DATE</b> 03/28/2000 <b>RULE</b> -	<b>CLASS</b> 235	<b>GROUP ART UNIT</b> 2876	<b>ATTORNEY DOCKET NO.</b> 99-086	
<b>APPLICANTS</b> Andrew S. Van Luchene, Norwalk, CT ; Adam Stevenson, Solana Beach, CA ; Magdalena Mik, Greenwich, CT ; Russell Pratt Sammon, Stamford, CT ;					
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/168,370 12/01/1999 <i>yes</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/05/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged		Examiner's Signature _____ Initials _____			
<b>ADDRESS</b> 22927					
<b>TITLE</b> Method and apparatus for conditional payment to a seller					
<b>FILING FEE RECEIVED</b> 924	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		